

PTO/SB/13 (Rev. 11-04)

Approved for use through 10/31/2002. GUS 0651-2022
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR
 Declaration
submitted after
Initial
Filing (surcharge
(37 CFR 1.16(e))

Attorney Docket Number **BP-0168-DS**First Named Inventor **EXPEXANT**

COMPLETE IF KNOWN

Application Number **/**Filing Date **/**Art Unit **/**Examiner Name **/**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention
described.

Service Center for a Recreational Vehicle

the specification of which **(Title of the invention)** is attached hereto OR was filed on **10/20/2003** **_____**

as United States Application Number or PCT International

Application Number **_____**and was published on **04/02/2004** **_____** (if applicable).I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as
submitted by my attorney/specialty firm to above.I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for
continuation-in-part applications, material information which becomes available between the filing date of the prior application and the
national or PCT International filing date of the continuation-in-part application.I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 350(d) of any foreign application(s) for patent, invention or
plant variety rights filed earlier(s), or 365 (e) of any PCT International application, where domestic or foreign priority claim(s) are filed later than the
domestic or National filing date of the corresponding foreign application(s) and any foreign application for patent, invention or
plant variety rights, or any PCT International application having a filing date before that of the application on which
priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental identity data sheet PTO/SB/023 attached hereto.

[Page 1 of 2]

Budapest Treaty Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual.
Any comments on the amount of time you believe this form takes, or suggestions for simplification, should be sent to the Chief Information Officer, U.S.
Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND
TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002
GSA FPMR (41 CFR) 101-11.7
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ **08909** OR Correspondence address below

Name _____

Address _____

City _____

State _____

ZIP _____

Country _____

Telephone _____

Fax _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name (first and middle, if any) *Jean-Philippe*Family Name or Surname *CREPRAU*Inventor's Signature Date *Sept 03*

Residence: City Brampton

State Quebec

Country Canada

Citizenship Canadian

Mailing Address: 77 Champlain

City Brampton

State Quebec

ZIP J2L 3A6

Country Canada

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name (first and middle, if any) *Pierre*Family Name or Surname *RONDEAU*Inventor's Signature Date *Sept 9, 03*

Residence: City St-Denis-de-Brampton

State Quebec

Country Canada

Citizenship Canadian

Mailing Address: 1590, rue Bonfield

City St-Denis-de-Brampton

State Quebec

ZIP J0B 2P0

Country Canada

Additional inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTDBSB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/18 (02-07)

Approved for use through 10/31/2002. GPO: 2002-1425

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	N/A
First Named Inventor	CREPEAU
Group Art Unit	N/A
Examiner Name	N/A
Attorney/Doctor Number	RU-01969-LZS

I hereby appoint:

- Practitioners at Customer Number → Place Customer Number Bar Code Label here
OR
 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- The above-mentioned Customer Number.
OR
 Practitioner(s) at Customer Number. → Place Customer Number Bar Code Label here
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	<i>Jean-Philippe CREPEAU</i>		
Signature	<i>[Handwritten Signature]</i>		
Date	02/07/03		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if necessary.			
<input checked="" type="checkbox"/> Total of 02 forms are submitted.			

Border Your Statement: This form is estimated to take 3 minutes to complete. This will vary depending upon the needs of the individual office. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/61 (02-01)

Approved for use through 10/21/2007 GSA GEN. CUST. 085-2006

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	N/A
First Named Inventor	CREPEAU
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	RF-01048-US3

I hereby appoint:

 Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

as my(our) attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioner(s) at Customer Number.Place Customer
Number Bar Code
Label here

OR

 Firm or
Individual Name

Address

Address

City

State

Zip

Country

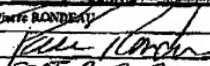
Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).

SIGNATURE of Applicant or Assignee of Record

Name Signature Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if necessary.

If "Total of 02 forms are submitted.

Burden Hour Statement: This form is estimated to take 2 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.